

Renewal Application for Pest Control Dealer Business License

BUSINESS MAIN LICENSE ID: _____

Business Name: _____
Address: _____
City, State, Zip: _____

1. CHANGE OF NAME/ADDRESS. Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. No fee is required for a business name or address change, or for a name or address change of a licensee or certificate holder. PLEASE INDICATE CORRECTIONS TO THE NAME/ADDRESS THAT APPEAR ON THIS FORM IN THE SPACE PROVIDED ABOVE.

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications, in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, CA 95814-2828, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees.

IMPORTANT - PLEASE READ!

Please complete all information for each location listed below and the renewal information requirement. This renewal will not be processed without the required information.

Each Pest Control Dealer Business location must have and maintain a licensed Designated Agent who supervises, and is responsible for, all operations conducted by the business' main or branch location(s). Any of the following license/ certificate types qualifies a person as a Designated Agent: Pest Control Dealer Designated Agent (DA); Agricultural Pest Control Adviser (AA); Qualified Applicator License (QL); Apprentice Pilot (AP); or Journey Pilot (JP).

Please complete ALL information for each location listed below. This renewal will not be processed without the required information:

License Number	City	Complete the Qualified Person Name, License Type, License Number, and list the category(ies) (i.e., A, B, C) for which they are qualified.
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_____	_____	_____
_____	_____	_____

FEE. Enclose a check/money order/credit card payment for the total amount due, payable to Cashier, Department of Pesticide Regulation. Mail the payment and application form in the enclosed envelope to Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015.

Main Fee: \$200	Branch Fees: \$100 each	TOTAL FEE (on or before 12/31/01) _____
Late Fee: \$10		TOTAL FEE AFTER 12/31/01: _____

SIGNATURE

TITLE

DATE

IMPRINT

RENEWED

PROBLEM

DATA ENTRY

RC